

FORM H REQUEST FOR TEMPORARY LICENSE

MEMORANDUM

TO: GEORGA MEDICAL BOARD

FROM: _____
PRINT OR TYPE YOUR NAME HERE

RE: REQUEST FOR TEMPORARY LICENSE

DATE: _____

ATTACH CHECK FOR \$100.00 FEE HERE

I was informed on _____ that all administrative screenings have
DATE
been completed and I have met all the requirements by Georgia law for licensure. I
understand that my application will be presented to the Board on _____.
DATE

I now make formal request for a temporary license to be issued. I am enclosing the
required fee in the amount of \$100.00 made out to the Georgia Medical Board. I
understand that this temporary license will be issued within 48 hours of receipt of this
request by the Board and will expire at the next scheduled Board meeting.

I request that the temporary be mailed to the following address:

STREET ADDRESS

CITY STATE ZIP CODE

Sincerely,

SIGNATURE